

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3							53				
4		3					54				
5		3					55				
6	1						56				
7		1					57				
8		2					58				
9		3					59				
10		3					60				
11		3					61				
12		3					62				
13		3					63				
14		3					64				
15			1				65				
16				1			66				
17				1			67				
18				1			68				
19				1			69				
20			1				70				
21				1			71				
22				1			72				
23				1			73				
24				1			74				
25				1			75				
26			1				76				
27				1			77				
28				1			78				
29				1			79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		3					TOTAL IND.				
TOTAL DEP.		77					TOTAL DEP.				
TOTAL CLAIMS		14					TOTAL CLAIMS				